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CONFIRMATION NO. 2346

Bib Data Sheet

SERIAL NUMBER 10/662,612	FILING OR 371(c) DATE 09/15/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. CAMP0001US2 (CH-0043)
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APPLICANTS

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reinforced NOR

** CONTINUING DATA **** 09/663,606 6,647,292

This application is a DIV of 09/663,607 09/18/2000 PAT 6,721,597

KDM 10/14/07

** FOREIGN APPLICATIONS ****

none KDM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

12/20/2003

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Carl H. Tegro</i> Examiner's Signature	Initials OVL			

ADDRESS

65134

TITLE

UNITARY SUBCUTANEOUS ONLY IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR AND OPTIONAL PACER

FILING FEE RECEIVED 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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